Substitute for form 1449A/PTO Complete if Known 10/661,384 **Application Number** NFORMATION DISCLOSURE September 12, 2003 Filing Date STATEMENT BY APPLICANT First Named Inventor Gould, Stephen **Art Unit** Unassigned (use as many sheets as necessary) **Examiner Name** \*Unassigned of 021741-000500US Sheet Attorney Docket Number

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Substitute for form 1449B/PTO Complete if Known Application Number 10/661,384 INFORMATION DISCLOSURE STATEMENT BY APPLICANT Filing Date September 12, 2003 First Named Inventor Gould, Stephen PART MADE FED 0 9 2004 Art Unit Unassigned-(use as many sheets as necessary) Examiner Name <u>Unassigned</u> 021741-000500US of | Attomey Docket Number

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Examiner Initials *	Cite No:1	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published.	Τ,
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